

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HUMAN RESOURCES

EMPLOYEE DISCLOSURE OF CRIMINAL HISTORY

A record of criminal conviction is not an automatic bar to employment. Each case is considered on its own merits. Factors such as job-relatedness, age at the time of conviction, nature of the offense, success of rehabilitation, number of convictions, and recentness of the conviction(s) are taken into consideration to determine whether a criminal record disqualifies a candidate for employment.

Background and criminal record checks to include fingerprinting are routinely completed for all appointments.

Discovery of fraudulent, irregular or inaccurate information will be reported to appropriate State agencies.

Falsification of this form, or any other employment application form, will result in automatic rejection of the employment application, withdrawal of commitment, or immediate dismissal from employment.

HAVE YOU EVER BEEN **CONVICTED**, RECEIVED A **PROBATION BEFORE JUDGMENT**, OR RECEIVED A **NOT CRIMINALLY RESPONSIBLE DISPOSITION** OF ANY CRIMINAL CASE OTHER THAN A MINOR TRAFFIC VIOLATION?

_____ YES (If YES, give complete details on the second page of this form.)

_____ NO

SIGNATURE (FULL NAME)

DATE

PRINT FULL NAME

SUPERVISOR'S SIGNATURE

Form 4503 (4/09)

EMPLOYEE DISCLOSURE OF CRIMINAL HISTORY continued

PLEASE PRINT

1. CRIME CONVICTED OF: _____

DATE OF INCIDENT: _____

DATE CONVICTED: _____

DISPOSITION OF CASE: _____

2. CRIME CONVICTED OF: _____

DATE OF INCIDENT: _____

DATE CONVICTED: _____

DISPOSITION OF CASE: _____

3. CRIME CONVICTED OF: _____

DATE OF INCIDENT: _____

DATE CONVICTED: _____

DISPOSITION OF CASE: _____

4. CRIME CONVICTED OF: _____

DATE OF INCIDENT: _____

DATE CONVICTED: _____

DISPOSITION OF CASE: _____

Applicant's Name: _____ Date: _____
Please Print

Applicant's Signature: _____